

Name  
in  
Full

Henry Anderson

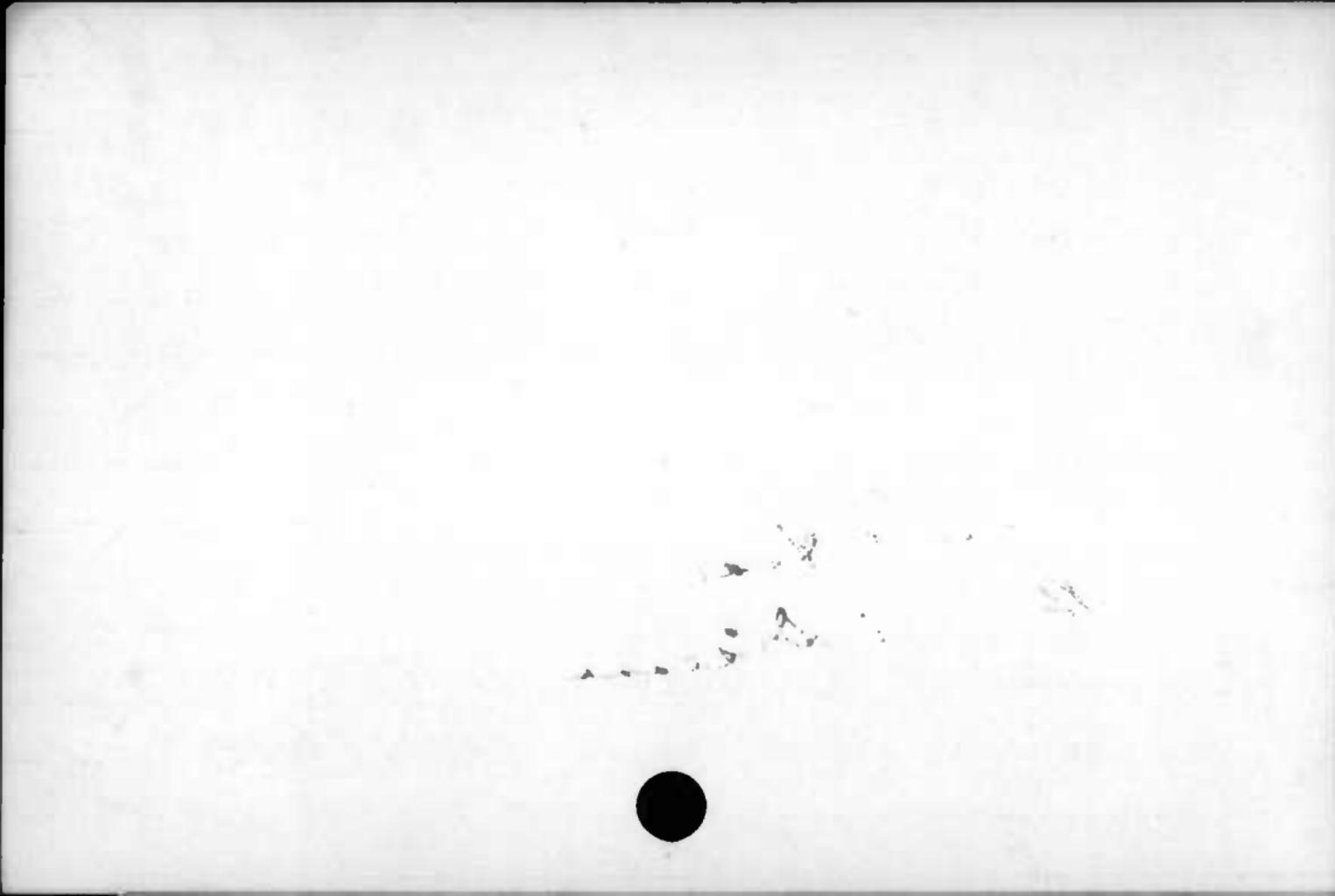
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cordova</u>		Town <u>Talbot</u> County <u>Talbot</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>May</u>	Day <u>26</u>	Age <u>71</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>			Birth-place	<u>Queen Anne Co.</u>	
Married, Single or Widowed	Occupation <u>Midwiver</u>					
Name of Wife or Husband	X					
Father's Name	<u>Thomas Anderson</u>		Father's Birthplace		<u>Queen Anne Co.</u>	
Mother's Maiden Name	X	79	Mother's Birthplace		X	
Name of person giving information	<u>Benjamin Anderson</u>		How related to deceased		Mother	

CAUSES OF DEATH

Primary	<u>Disease of the Heart</u>	How long	<u>3 months</u>
Immediate	<u>Bright's Disease</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Chas. H. Rose -</u>
		Address	<u>Cordova</u>
Accident or Suicide?			



Name  
in  
Full

Susan D Arnold

CERTIFICATE OF DEATH

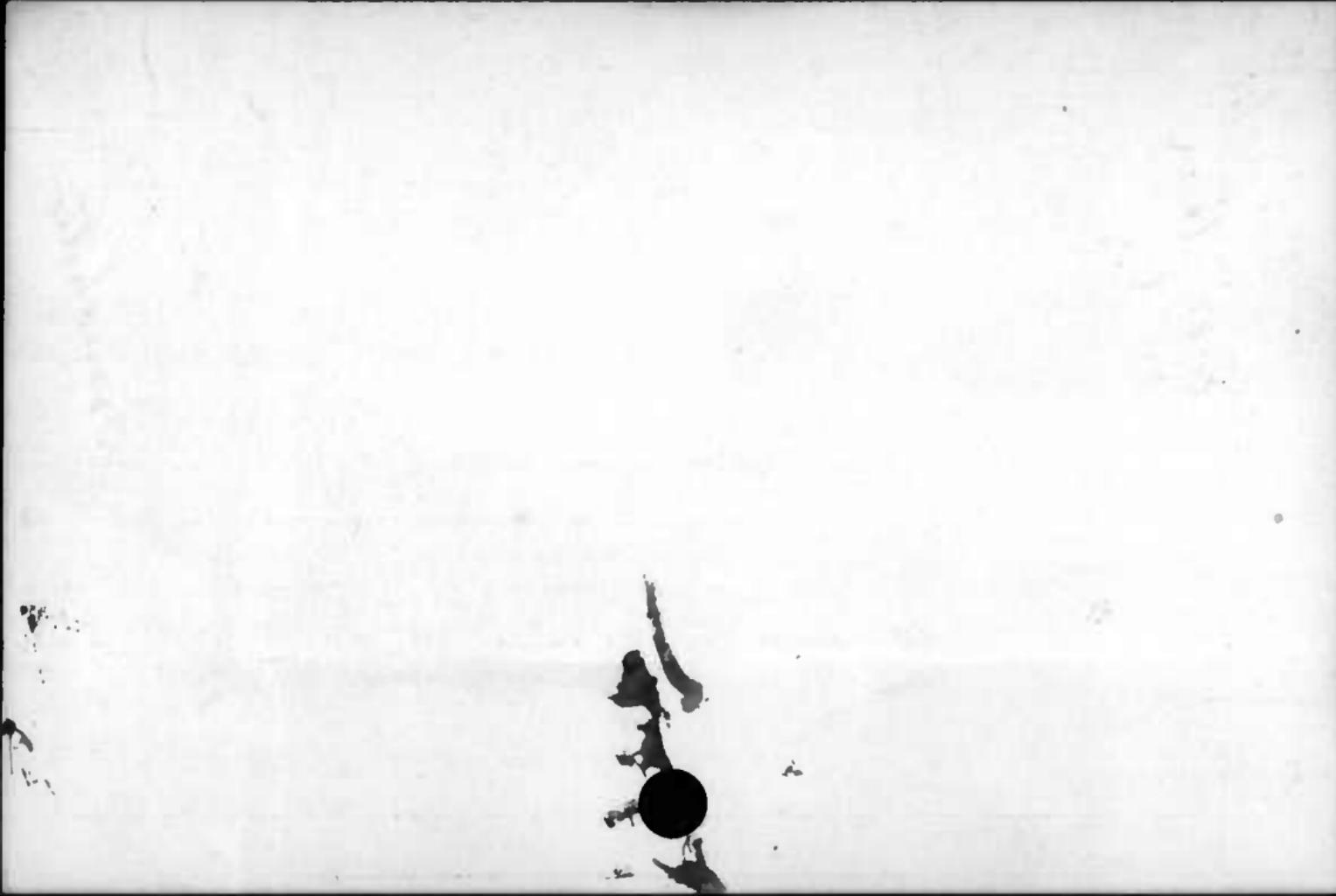
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Age	Years	Months	Days	
Female		Color or Race	White	Birth-place New York			
Married, Single or Widowed		Occupation	Widow Housewife				
Name of Wife or Husband		William S. Arnold					
Father's Name		X					
Mother's Maiden Name		79					
Name of person giving Information		Sister					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Disease of the heart	How long 6 months
Immediate	Bright's Disease acute	How long 10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas. H. Rose
		Address Cordova, Md.
Accident or Suicide?		



Name in Full

Certificate of Death

Harriett Cooper Talot, MARYLAND

Died at

Wilmar

County

Town

Date Died  
1903 May

Month

Day

Y.

M.

D.

Native of

Male

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Thome Cooper

Mother's  
NameFather's  
Name

Not known

Not known

Cause of

Primary

Alrofisy

How long sick

Six months

Death

Immediate

Heart Failure

177

Accident, Suicide, Homicide

Reported by

Dr. J. B. Sut.

Address

St. Michaels, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Leven Dorman.

CERTIFICATE OF DEATH

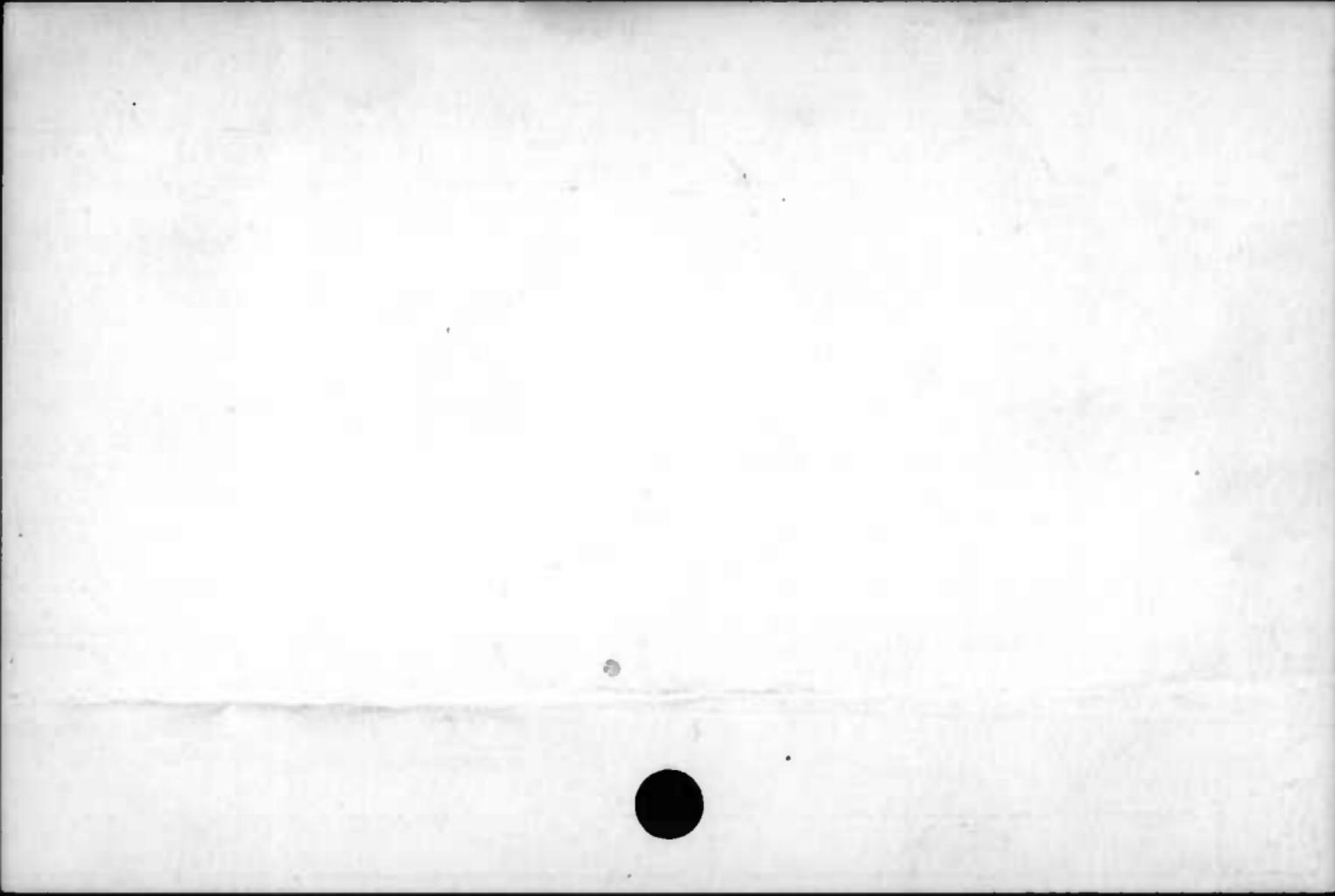
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death 1903	Month	Day	Years Months Days
Sex	Color or Race	Occupation	
Married, Single or Widowed			
Name of Wife or Husband	Elizabeth		
Father's Name	Zorah Dorman 48	Father's Birthplace	Princis Anne
Mother's Maiden Name	Gatti Dennis	Mother's Birthplace	Princis Anne
Name of person giving information	Emma Dorman.	How related to deceased	Daughter.

CAUSES OF DEATH

Primary	Chronic Rheumatism.	How long	All winter.
Immediate	Acute Nephritis	How long	Not 7 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. Stevens
		Address	Oxford
Accident or Suicide?			Med.



Name in Full

Certificate of Death

Wm E. Green

Died at

Town  
Easton

County

Salisbury

MARYLAND

Date 19

Month  
03Day  
May 29Y.  
20M.  
-D.  
-Native of  
U.S.A.Occupation  
Laundryman

Male

~~Wife~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~Number of children living  
?

Husband of

Wife

Father's Name

John Green

Mother's Maiden Name

Sarah Williams

Cause of

Primary

Enter - Colitis - Meningitis

How long sick

6 wks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Chas. J. Davidson M.D.

Address

Easton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed					
Name of Wife or Husband	Joseph Johnson				
Father's Name	Henry Sullivan			Father's Birthplace	B.C. Co., Md
Mother's Maiden Name	Mary Waters			Mother's Birthplace	Baltimore, Md
Name of person giving Information	Henry Sullivan			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Thritis	21	How long	6 mos
Immediate	Heart Failure		How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. H. Merritt	
		Address	Euston, Md	
Accident or Suicide? <input type="checkbox"/>				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Henry Joshua				CERTIFICATE OF DEATH				
Died at	Town	County						
Date of death 190	Month	Day	Age	Years	Months	Days	MARYLAND	
Sex	Color or Race	Occupation	Birth-place					
Married, Single or Widowed	Hildred				Farm Hand.			
Name of Wife or Husband	Josephine Joshua							
Father's Name	Not known				Father's Birthplace Not known			
Mother's Maiden Name	Not known				Mother's Birthplace Not known			
Name of person giving information	George Joshua.				How related to deceased son			
CAUSES OF DEATH								
Primary	Alyscumery 14				How long 3 mks			
Immediate	Heart Failure				How long 2 days			

PHYSICIAN  
OR CORONER

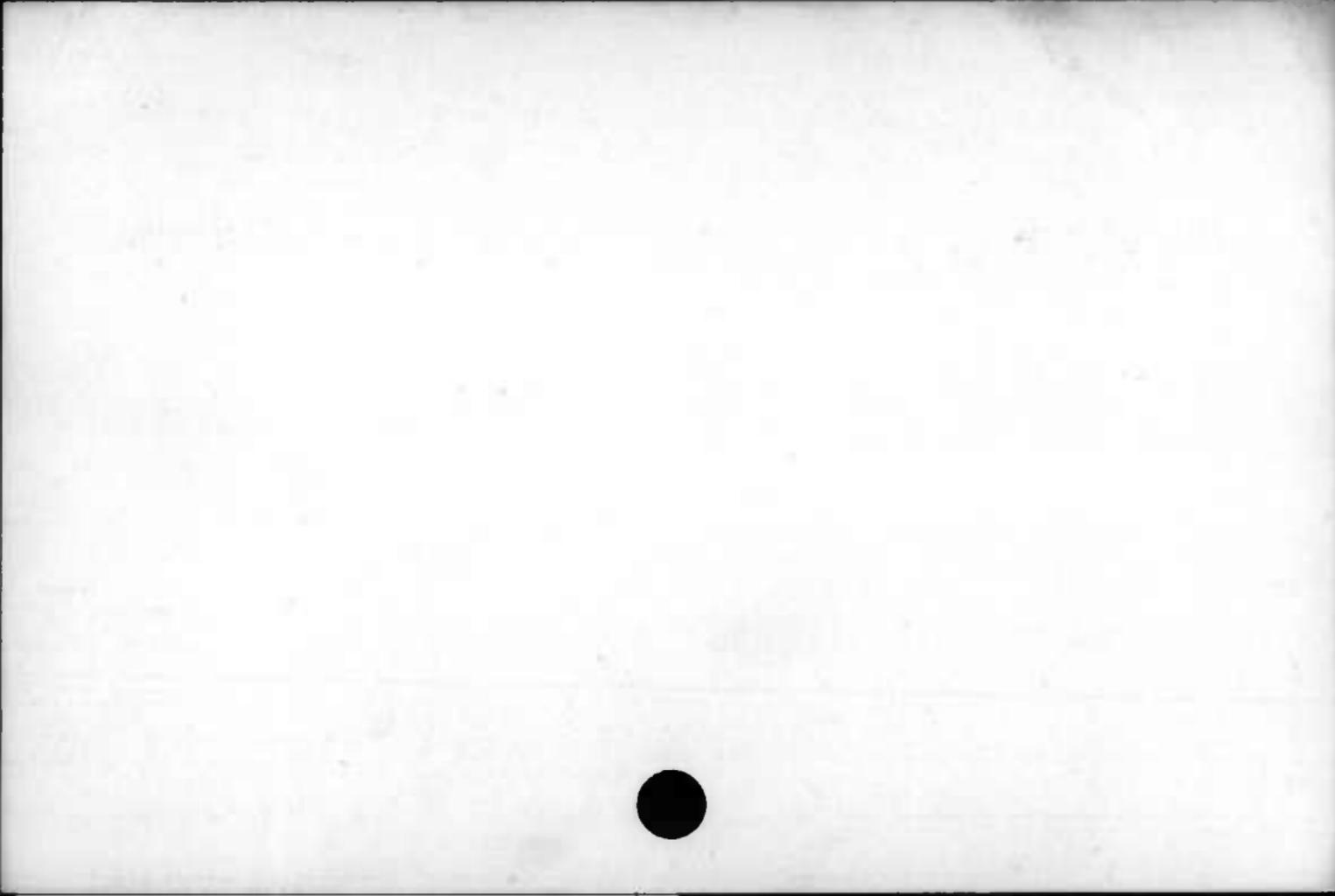
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Dr. J. B. Schub.  
S. J. Michaels.  
Dr. D. M.



Name  
in  
Full

William J. Kinnane

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation			
Married, Single or Widowed	Widower	Lubbock			
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary	Bright's Disease	How long	1 yr
Immediate	Meemic Conv.	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J.W. Sherriff	
	Address	Easton, Md	
Accident or Suicide?			



Name  
in  
Full

Henetta Lloyd

CERTIFICATE OF DEATH

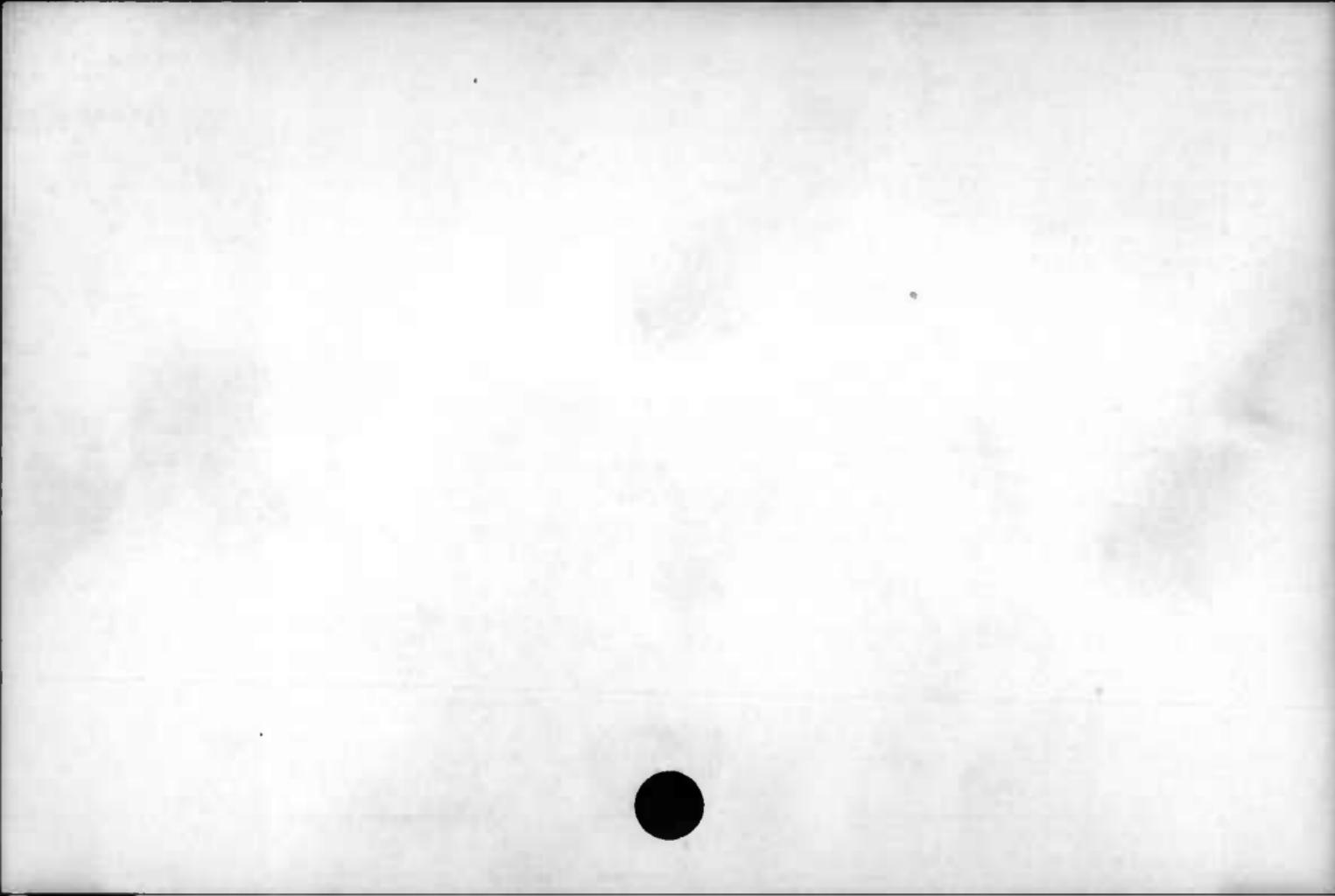
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Birth-place				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information	79				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Arteric Vulnerar Disease	How long	1 yr
immediate	Heart Failure	How long	Hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Blenett
		Address	Euston Md
Accident or Suicide?			



Susage Marshall

Town

County

Died at

Wetmore

Talbot

MARYLAND

Date 19

03

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

2

Husband of

Wife

Father's

Name

John Marshall

Mother's

Cause of

Primary

Immediate

Heart Failure.

How long sick

Reported by

Address

Dr. J. B. Sut  
St. Michael

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Percy Nicols (Illegitimate)

Town

County

MARYLAND

Died at

Queen Anne Talbot -

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

179

Father's  
Name

James Ernest Nicols

Mother's  
Name

Latia Bedford

How long sick

Cause of

Primary

He had acute Bronchitis lost of power of it.  
When I saw him on May 1st. ~~He~~ <sup>had</sup> ~~had~~ <sup>had</sup> a cold

Death

Immediate

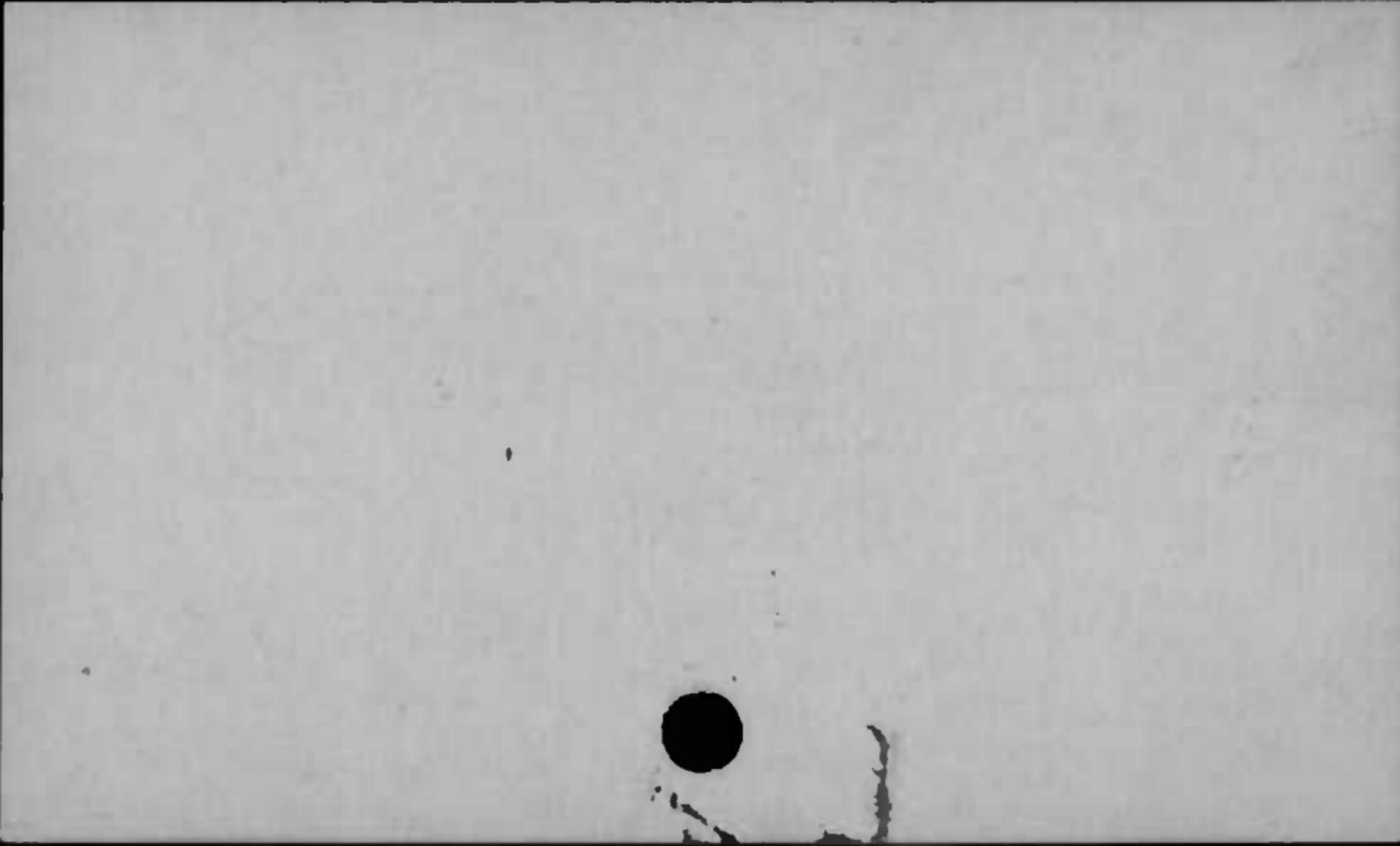
Reported by

Bobby Hackett M.D.

Address

Queen Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Ce tificate of Death

<i>Anthony A. Page</i>				County <i>Calvert</i>	MARYLAND
Died at <i>St. Michaels</i>	Town <i>St. Michaels</i>	Month <i>May</i>	Day <i>17</i>	Y. <i>9</i>	Native of
Date 19 <i>43</i>	Month <i>May</i>	Age <i>9</i>	Native of <i>Calvert</i>	Occupation	
Male	White	Married	Widow	Divorced	<u>Number of children living</u>
<del>Father</del>	Colored	Single	Widower		
<u>Husband</u> of					
<u>Wife</u>					
Father's Name	<i>Alex Page</i>			Mother's Maiden Name	<i>Dora Payne</i>
Cause of Death	Primary	How long sick <i>45</i>			
Death	Immediate				Accident, Suicide, Homicide <i>Congestion of lungs</i>
Reported by <i>C. E. Willow</i>					
Address <i>Under</i>	<i>undertaker</i>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William A. Perkins

Town  
Easton

County

Talbot

MARYLAND

Died at

Date 19

03

Month

Day

Y.

M.

D.

Age

38-3-7

Native of

U.S.A

Occupation

Hortler

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

2

Husband of

Father's Name

Mary J. Perkins

?

Mother's

Maiden Name

Rebecca Perkins

Cause of

Primary

Pistol Bullet in abdomen

How long sick

30 hrs

Death

Immediate

Shock

Accident, Suicide, Homicide

Reported by

Address



Ches. J. Dawson,  
Easton, Md.

Must be signed by physician, If any in attendance, otherwise

Coroner, undertaker or minister.



Name In Full

Ce tificate of Death

James C. Price

Town

County

Talbot

MARYLAND

Died at

Date 1903

Month May

Day 10

Y. M. D.

Age 40

- -

Native of

Md

Occupation

Car Inspector

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

2

Husband of

Wife

Father's Name

John W. Price

Mother's Maiden Name

Elizabeth Searge

Cause of Death

Primary

Typhoid Fever

How long sick

6 weeks

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Julius A. Johnson

Easton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Ada M Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 21	Age 0	Months 8	Days 22
Sex Female	Color or Race Dark	Birth-place St Michaels			
Married Single or Widowed Single	Occupation None				
Name of Wife or Husband —					
Father's Name Owen Roberts	Father's Birthplace Talbot Co				
Mother's Maiden Name Agnes Moore	Mother's Birthplace Talbot Co				
Name of person giving information Agness Moore	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	7 month
Immediate	Same	How long	27
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	None in attendance
E.P. Sparks F.D.		Address	St Michaels
Accident or Suicide?			

100

Name  
in  
Full

Alice Simpson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		Pelotz	MARYLAND
Date of death 1903	Month May	Day 25	Age 14	Years	Months	Days
Sex Female	Color or Race Negro	Occupation		Pelotz Co		
Married, Single or Widowed Single			—			
Name of Wife or Husband						
Father's Name Henry Simpson	2		Father's Birthplace	Pelotz Co		
Mother's Maiden Name Alice Jackson	2		Mother's Birthplace	—		
Name of person giving information Alice Simpson	2		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	6 months
Immediate Consumption	How long	6 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician	Sam L. Phipps
	Address	Royal Court Hotel
Accident or Suicide?		

Bearers

Mr Smith Sr

Abel Sumner

Belle Smith

Frank Webster

Peterson

Ellen Moore Johnson

belle " Jones

Frank Jones

Belle Jones

Annie Jones

Mabel Jones

Doc. surgeon Trinity

Mandy Belle "

Doc. surgeon Trinity

Martin Ross

Name in Full

Certificate of Death

*John N. Thompson* *Thompson*

Town

County

MARYLAND

Died at

Eaton-

Zalma-

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Eaton-	May	10-1	Age	53	- -	Ma	Laborer
Male	White	Married		Widow			Buried	
Female	Colored	Single		Widower			Number of children living	5

Husband of

*Clara Thompson*

Father's Name

*John A. Thompson*      Mother's Maiden Name *Ans - 1888*

Cause of Death

Primary

*Paralysis*

How long sick

*2 mos.*

Immediate

*Ehawm*~~Accident, Suicide, Homicide~~

Reported by

*Julia A. Johnson**Eaton - Ind*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hugh Bennett Vallant

Town

County

MARYLAND

Died at

Fairfax

Talbot

Date 1903

Month May

Day 6

Y. 77

M. 7

D. 6

Age

Married

Widow

Native of Md

Occupation Farmer

Male

White

Female

Colored

Single

Divorced

Number of children living

Husband of

Wife

Father's Name

Jeremiah Vallant

Mother's

Maiden Name

Harriet Smith

Cause of Death

Primary

Pecti dysentary

How long sick

2 day

Immediate

Accident, Suicide, Homicide

Reported by

Dr. A. R. Wilson

Address

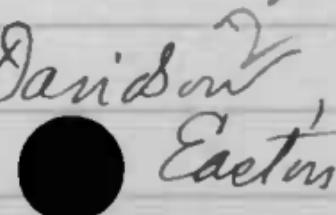
Tylerton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nannie Viner

Died at	Town	Junis	County	Talbot	MARYLAND
Date 19	Month	May	Y.	18-4-14	Native of
03	Day	11	M.		U.S.A.
			D.		Occupation
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> White	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Widow	<input type="checkbox"/> Divorced	Servant
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Colored	<input type="checkbox"/> Single	<input type="checkbox"/> Widower	<input type="checkbox"/> Number of children living	
Husband of					
Wife					
Father's Name	James Viner	Mother's Maiden Name	Mary Thomas		
Cause of Death	Primary: Tuberculosis Pulmonans Immediate: Exhaustion	How long sick 2 yrs			
Reported by	Chas. J. Davidson				



Ector, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lydia Rebecca Mighton

Town

County

Died at McDaniel

Talbot

MARYLAND

Date 1903 Month May Day 13

Y. M. D.

Native of

Occupation

Male

White

Age

Widow

Female

Colored

Married

Widower

Single

Divorced

Number of children living

none

of

Joshua G. Mighton

Father's Name

Stephen Summers

Mother's

Maiden Name

Susanna Alberger,

Cause of

Primary

Acute Nephritis

How long sick

1 wk

Death

Immediate

Ischaemia

10

Accident, Suicide, Homicide

Reported by

Dr. S. K. Wilson

Address

Highman, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

